PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, JUNE 21, 1879.

ORIGINAL LECTURES.

CLINICAL LECTURE ON THE TREATMENT OF SEBORRHŒA.

Delivered at the Pennsylvania Free Dispensary for Skin Diseases, 920 Walnut Street, Philadelphia, Pa.

BY JOHN V. SHOEMAKER, A.M., M.D.

Reported by J. H. SARGENT, M.D.

SEBORRHŒA OLEOSA.

THE treatment in seborrhœa oleosa consists in the use of both general and local remedies. It is necessary, in the first place, for this patient to have plenty of fresh air, daily exercise, and the most nourishing food. The iron preparations are required on account of the anæmic condition of the patient. The tincture of the chloride of iron will be the most suitable, in fifteen-drop doses three times daily, in a wineglassful of water. Should constipation follow, a change can be made to the syrup of the lactate of iron. The liberal use of bitter tonics, the mineral acids, and the preparations of pepsin, are often demanded in this affection.

The local treatment is of the utmost importance. The disease is usually stubborn, and only yields after patient and careful attention to the parts. The patches may be washed frequently with a mild soap, and dusted over with either starch, bismuth, lycopodium, or precipitated carbonate of zinc. The use of the cold bath will be of great service, by causing the enlarged glands to contract; the application of a mild stimulating lotion of acetate of lead and sulphate of zinc will also prove very beneficial in many cases.

I would, however, more particularly recommend for this patient a mild stimulating soap which I call sapo matricariæ sulphurisque. Each cake is composed of one and a half ounces each of oil of theobroma and olive oil, two drachms of powdered German chamomile flowers, one drachm of precipitated sulphur, and one ounce of a weak solution of caustic soda. This soap has been prepared, at my suggestion, by Mr. L. Wolff, a competent chemist and pharmaceutist of this city. I have several very fine specimens of this soap, which I will pass around for your inspection. You will notice that it has a very pleasant and agreeable scent. All these spots should be well washed with it every other evening just before retiring.

SEBORRHŒA SICCA.

I next present this patient, James R., a book-keeper, 19 years of age, having a large collection of scales over the scalp and a portion of the back and chest. The crown and sides of the head are covered with dry scales and thick crusts with adherent hairs. Over some portions of the head the crusts are firmly adherent to the scalp, while upon other parts the scales are loosely situated, and in falling off cover the patient's clothes with a scurfy material. Upon removing some of the thickened crusts from the crown of the head, masses of sebum are found to be prolonged down in many of the follicles, some of the ducts are obliterated, and the scalp is also red and swollen. It likewise presents some spots having a dull and withered appearance. The hair is dry, lustreless, and very thin, and the patient complains of a constant itching sensation of the scalp. These masses of sebum that plug up the follicles interfere with the growth of the hair, and cause all this unhealthy state of the scalp and the hair, and often end in premature baldness.

The secretions of these glands that are so abundantly developed on the scalp are very great during the intra-uterine period. The first years of the child's life this excessive secretion frequently continues, and when neglected and allowed to collect dust and dirt, it irritates the skin and often produces eczema. In old age and in syphilis the scalp is sometimes covered with these dirty yellowish masses of sebum, which cause the loss of hair in the latter affection.

Upon the patient's back, between the scapulæ, and over the chest, mainly on the sternum, are dirty yellowish crusts in large numbers in both localities; some of these patches are small (about the size of a silver five-cent piece), and others are large from several of them coalescing. The skin of both the back and chest is slightly greasy. A small number of scales are observed scattered about the patches, and the ducts of the follicles are open and filled with sebum. These sebaceous crusts exist in some cases on the forehead, nose, and cheeks, and both Biett and Bazin relate cases in which the sebaceous glands over the whole surface were filled with inspissated sebum. The

genital regions of both sexes are frequently attacked with seborrhœa on account of the parts being so abundantly supplied with sebaceous glands. In the male, the glandulæ Tysonii seu odoriferæ of the corona glandis and of the cervix of the penis secrete a peculiar, soft, white, and caseous material, which frequently becomes copious, rapidly decomposed (especially when the prepuce is long), gives off an unpleasant odor, and occasionally causes balanitis. In the female these sebaceous glands are situated around the labia and clitoris, and frequently pour out the secretion in large quantity, giving rise to a diseased condition of the parts. This patient has a tuberculous family history; it is evident on his countenance. His hair and complexion are both light, and his extremities are cold, showing the feeble state of the circulation. In addition, he has been troubled for some years with constipation, and this, by reflected irritation, has caused this seborrhœa sicca. Tuberculous subjects are especially disposed to both seborrhœa and acne. The causes I mentioned in connection with the first case may likewise bring about this same form of seborrhœa, provided the solid principles of the sebum, the stearin and margarin, predominate.

Seborrhœa might be mistaken for eczema or lupus erythematosus. It differs from lupus in the following points: should a crust or scale be removed in seborrhœa, it will be found to be prolonged down in the follicle, the skin beneath being pale or slightly reddened, while in lupus the part is both reddened, swollen, and infiltrated. Again, seborrhœa is a functional disorder, and is never followed by scars, while lupus is a new cell-growth, and there is always a tendency to repair by the formation of cicatrices.

The treatment for the patient will be both local and constitutional. He should take daily exercise and plenty of good nourishing food. I shall also prescribe a bitter tonic three times daily, and the extract of malt, one tablespoonful in a glassful of milk, with meals. As soon as the patient's digestive organs are in the proper condition, we will change these remedies for one tablespoonful of cod-liver oil, with ten drops of the syrup of the iodide of iron, three times daily one hour after meals. The following mild aperient pill will be very beneficial for the sluggish condition of the bowels: powdered aloes and rhubarb, each, twenty grains; extract of hyoscyamus, six grains; extract of belladonna, one grain; oil of cinnamon, one drop. Make twelve pills. Dose, two every other night when necessary.

The crusts and scales must be removed by oil dressings. The patches on both the head and body should be soaked with olive oil until the masses become soft and can be easily removed. If, however, the crusts on the head should still adhere, a flannel cap saturated with oil and covered with oil-silk should be tied on at bedtime, and allowed to remain about ten or twelve hours. After the crusts and scales have been thoroughly macerated, the dressing should be removed and the parts well washed with tepid water and the sapo matricariæ sulphurisque. About every second or third evening a copious lather should be made from the soap, and actively rubbed into the scalp and the patches over the body. The parts should then be sponged with tepid water and rubbed dry with a rough towel. I have used this medicated soap, in dispensary and private practice, in seborrhœa and various scaly eruptions, with remarkably good results. In seborrhœa it will cause the enlarged glands to contract, the skin to become healthy, and the disease to disappear.

After using the soap, the following preparation will be a very good and elegant application to lubricate and soften the dry condition of the hair and the scalp: beef-marrow, two ounces; white wax, half an ounce; tannate of quinia, one drachm; balsam of Peru, three drachms; oil of rose, five drops; oil of verbena, three drops; essence of ambergris, half a drachm. Mix, and use daily as a pomade.

ORIGINAL COMMUNICATIONS.

ON COWS' MILK AS FOOD IN HEALTH AND FOR INVALIDS.

BY J. CHESTON MORRIS, M.D.

Read before the Philadelphia County Medical Society, March 12, 1879.

I ASK the attention of the Society to-night to a subject of the greatest importance to us, both as citizens and physicians, especially as the latter. On the proper feeding of our patients much of our success in treatment must depend, and not only so, but as guardians of the public health we are bound to point out causes of

disease, and use every means in our power to diminish or obviate them. I feel, therefore, that I need not apologize for bringing before you for discussion not only the subject of milk, but its supply in Philadelphia, the necessity of its being pure, abundant, and wholesome, and some suggestions for its improvement.

In the first place it may be well to consider the constitution of milk, its advantages as an article of food, and the quantity required by an adult for the full performance of the bodily functions.

Simon, in his "Animal Chemistry" (Sydenham Soc. translation, vol. ii. p. 62), gives several analyses, from which the following may be deduced as being, practically, nearly the average composition of good milk:

Water . . .	860 parts in 1000.
Solids . . .	140 " "

The latter are apportioned as follows:

Butter	36 parts.
Casein	68 "
Sugar of milk and extractive .	30 "
Fixed salts	6 "

Its specific gravity varies (with food, etc.) between 1.030 and 1.035; that of cream is 1.024. A quart of milk, therefore, would weigh, at 60° F., about 15,092 grains, of which 12,979 grains are water and 2113 grains solids. Of the latter there would be—

	Grains.	Ounces av.
Butter . .	543.3 or nearly	1¼
Casein . .	1026.3 or more than	2⅛
Milk-sugar, etc. .	452.8 " "	1
Salts . . .	90.6 or nearly	⅛

If now we seek to ascertain the amount of nutriment required by the average man in health, we shall find great variety and wide divergence in the views of different authorities, but from them we select the following, which may enable us to form an approximately correct idea. Lehmann ("Phys. Chemie," iii. p. 364) quotes Valentin, weighing fifty-three kilogrammes, as taking two thousand nine hundred and twenty-four grammes of nourishment in twenty-four hours during his experiments on himself. He also infers from Bidder and Schmidt's experiments, and from those of Chossat on inanition (*ib.*, iii. p. 378), that the weight of food properly proportioned should be to the animal as one to twenty-three. Béclard also ("Phys. Humaine," p. 571) states the proper proportion of food for man at one-twenty-fifth to one-twentieth of his weight. He gives the ration of the French cavalryman as follows:

	Grammes.	Ounces av.
Fresh meat . .	125 or nearly	4.4
White bread . .	516 "	18.2
Hard bread . .	750 "	26.4
Peas, beans, etc. .	200 "	7.0
	1591	56.0

This probably contains too large a proportion of carbo-hydrates, and is deficient in azotized elements. Carpenter gives the ration of the British navy as thirty-five ounces dry nutritive material, of which twenty-six ounces are vegetable and nine ounces animal. Some information pertinent to our subject may also be gathered from the dietaries of the London hospitals as given in Pereira's "Materia Medica." He states that of St. Thomas's ("milk diet") to be three pints of milk and twelve ounces of bread daily. This would make, according to the analysis given above,

Butter, nearly . .	1⅞ oz. av.
Casein, " . .	3½ "
Milk-sugar, " . .	1½ "
Salts, " . .	$\frac{3}{10}$ "
Bread, " . .	12 "

Or nearly 20 oz. av. in all.

But of this the butter may be valued relatively to the bread (according to Liebig and Lehmann) as ten to twenty-four. The sugar also would have a higher nutritive value than bread; so that this diet might be estimated at twenty-three ounces for comparison. This is evidently below the requirements of a healthy individual. Pereira also quotes Christison as estimating forty-eight ounces (three pints) new milk at eight ounces of dry nutritive material in a diet for a diabetic patient amounting in all to twenty-two ounces animal matter. Béclard estimates that of the kilogramme (fifteen thousand four hundred and thirty-two grains, or two and one-fifth pounds avoirdupois) of dry nutritive material required for a healthy man (in conjunction with one and three-quarters kilogrammes of liquid) to meet the daily requirements of tissue metamorphosis, one-seventh should be animal and six-sevenths vegetable. This would give two thousand two hundred and four and a half grains, or a little over five ounces, of meat daily,—a proportion slightly exceeding that of the French cavalry ration.

The diet of the peasantry of Sweden, Norway, Switzerland, Tyrol, etc., consists, according to Edward Smith ("Foods," p. 318), mainly of four to seven pints of milk daily, while the Irish laborer subsists on four pints of buttermilk, with potatoes, etc. A. Maclaren ("Training in Theory and Practice," Appendix II., p. 188) gives the following diet-tables:

	Dry.	Liquid.
Meat (cooked)	6 oz.	
Fish	4 "	
Bread	10 "	
Potatoes	8 "	
Rice	2 "	
Sugar	2½ "	
Butter	2½ "	
Milk		5 oz.
Coffee		16 "
Tea		16 "
Water		17 "
	35 "	54 "

	Dry.	Liquid.
Bread	16 oz.	
Peas	3 "	
Bacon	4 "	
Cheese	2 "	
Milk		8 oz.
Coffee		20 "
Sugar	1 "	
Water		35 "
	26 "	63 "

The ration of the United States army is—

Beef (salt or fresh, with bone)	20 oz. av.
Hard bread	16 "
Peas and beans	2.4 "
Rice	1.6 "
Sugar	2.4 "
Potatoes	4.8 "

Besides coffee, tea, salt, pepper, etc.

From the above data we may infer that *two quarts of milk and twelve ounces of bread* would afford a barely sufficient supply of nutritive material for the full performance of all the functions of a man in health. This would contain—

Casein	4⅜ ounces.
Butter	2½ "
Salts	⅜ "
Milk-sugar	2 "
Starch, gluten, etc.	12 "

Of this the butter would have a higher nutritive value than apparently shown; so that this dietary might be estimated, for comparison, at twenty-six ounces. And I find in practice that the nutrition of patients is fairly maintained, in many instances, by this amount. It ought, however, to be regarded rather as the minimum amount of food required by a healthy individual than as an abundant supply, such as would provide for some accumulation of reserve force and nutritive material, adipose tissue, etc., against sudden emergencies or excessive demands on strength and endurance. For this, three quarts of milk and twelve ounces of bread would be ample in health; but when wasting disease makes an extra demand on the system, or excessive secretions are drawing away the blood of the patient, or exhausting discharges are rapidly diminishing his forces, the quantity demanded and, I may add, readily absorbed and assimilated is far beyond this. Thus, in diabetes from six to eight quarts will be taken with apparent ease in many cases, while four to five quarts may frequently be prescribed with advantage in cases of anæmia following acute diseases or exhaustion from profuse discharges, hemorrhage, suppurative processes, etc. And many cases of obscure nature which baffle our powers of diagnosis—which can scarcely be ranked under the head of dyspepsia, hydra-headed as that destroyer of the peace of mind and comfort of individuals is—will yield readily to a pure diet of milk strenuously insisted on and rigidly and faithfully carried out. Especially is a milk diet of benefit in the treatment of fevers, in all stages of which it will be more easily tolerated than any other form of nourishment, and may be given freely, either entire, skimmed or diluted, and sweetened, as may be most agreeable to the patient. We should, however, be careful here not to administer too large quantities at one time, as some gastric oppression might result; a coagulum might be formed which the enfeebled digestive powers might not be able to dispose of. The addition of lime-water or the simultaneous administration of pepsin will obviate this. In inflammatory disease also, particularly after the first acute symptoms are subsiding, I hardly know how we could feed our patients without articles the main nutritive value of which depends upon the milk which they are prepared with. Its usefulness, also, in diseases of the skin and kidneys may be inferred from the consideration of its constitution and mode of its absorption and action in the economy, which may well be compared with that of the so-called alteratives, or with that of mineral waters, with reference to the large quantity of slightly saline liquid taken into and discharged from the system.

When taken into the stomach in proper quantity, milk is almost immediately coagulated by the gastric juice, and the casein converted, in the space of one to three hours, into a peptone, which is absorbed completely in the upper part of the alimentary canal. So are all the other ingredients; there is nothing left to be propelled along the lower part of the small intestines, as is the case when food containing woody fibre, cellulose, bran, etc., is employed. This gives rise to apparent (not real) constipation; and patients will tell you that milk always constipates them because they find the alvine discharges lessened in quantity and frequency. The bowels miss the scratching from the undigested remnants of food to which they have become accustomed to respond, and the fecal discharges consist only of the altered results of hepatic and intestinal secretions. But a glance at the tongue will usually enable us to decide if these are really deficient. If the tongue is dry and its fur brownish, an aperient will be demanded; but it will usually be found moist and covered with a light, easily-detached, whitish fur, and a little patience only is required. A careful examination of the abdomen — a process, by the way, too often omitted or hastily and carelessly performed—will detect any accumulation which may occur in the alimentary canal, to be remedied according to its location. But the large quantity of liquid taken renders the action of the skin, and especially of the kidneys, much greater than usual. This is accompanied by a depurative action upon the blood which can hardly be equalled by any other means, as fresh nutriment is being brought in at the same time that effete matters are being removed; and I feel that this alterative action of a milk diet deserves more attention than it has hitherto received. From the foregoing we may readily infer the conditions in which milk diet is likely to be useful, and I will not detain you with specific details of cases many of which have doubtless come under the care of each of us. When we have determined that a milk diet is indicated, we should take care, in its administration, not to give too large a quantity at one time, but rather let the intervals be short; and attention should be paid, as I have said above, to the secretory power of the stomach. If this be deficient or doubtful, the simultaneous administration of a small quantity of pepsin with dilute hydrochloric acid will insure digestion. Lime-water may be added if there is a tendency to vomit, or a bitter infusion given if there is want of tone in the stomach. It is better to pay no attention, as a general rule, to the statements of patients (in cases deemed otherwise appropriate), that they "never could bear milk;" they "detest it;" "it never agreed," etc., etc. If the sameness of the diet be objected to, variety may be obtained by giving it sometimes cold, sometimes hot (with a little salt added), or flavored with vanilla or with a little brandy. A few days will generally put an end to complaints; and even nervous dyspeptics will find such comfort and such allaying of all feeling of hunger that they will contentedly sit at table sipping their milk (by the way, it should always be taken thus, not gulped down) while dainties of all sorts are being consumed around them. Firmness on the part of the physician—who should insist on a rigid compliance with the diet prescribed, and that it should be taken as medicine if it be never so distasteful—will often be followed by the most gratifying results, and most surprising ones to the patients and their friends.

As to the quantity required in infancy and youth, it must evidently be greater proportionately to meet the necessities of growth and development than that required merely to maintain the balance of nutrition and excretion in the adult. No very definite rule can be laid down, but I believe we may assume a quart of milk daily as being amply sufficient for a child of 1 year old, two quarts for a child of 5 to 10, and three quarts for one of 10 to 15 years.

I come now to another and most important branch of the subject,—that of the actual milk-supply of this city. I have been kindly furnished, by the officials of the following railroads, with statistics of the amount of milk delivered by them at their depots during the year 1878.

	Gallons.
Pennsylvania R.R., West Philadelphia.	1,243,905
" " Kensington .	78,830
North Pennsylvania R.R. . .	2,962,849
West Chester and Philada. R.R. .	574,125
Philadelphia and Reading R.R. .	3,920,302
Philada., Wilm. and Balt. R.R. .	1,638,770
United R.R. of New Jersey . .	578,160
West Jersey R.R.	308,800
	11,305,741

Amount brought forward . .	11,305,741
To this must be added the amount brought in from farms in the neighborhood of the city, or yielded by cows kept in the city itself, calculated as explained hereafter	2,370,625
Making a total of . .	13,676,366

Or a daily average of 149,889 quarts. Estimating the population at eight hundred and fifty thousand, this would give a daily supply of 0.176 of a quart = 5.6 ounces or ⅓ of a pint for each man, woman, and child in the city.

Edward Smith ("Foods," p. 318) gives the average daily consumption of milk in

England	at	4½	ounces daily.
Wales,	12	"	"
Scotland,	18	"	"
Ireland,	19	"	"

Or from one-quarter to one pint daily.

As to the quality of this supply, there is great difficulty in estimating how far it is what it ought to be. In the first place, the secretion of the animals will depend largely upon the food given to them. We have had the effects of swill-feeding told us repeatedly, and I think rather exaggerated so far as we are concerned in this city. It is with the milk-producer a question of profit; and experience has demonstrated to the better class of farmers that the thin blue stuff which may be drawn from a cow fed upon grains from which the farinaceous constituents have been largely removed in the malting process will not stand in competition with the milk produced from good food, while the deteriorated condition of his stock entails the necessity of constant fresh purchases of cows, and a loss in consequence. It is only in the semi-rural districts, within easy hauling-distance of the distilleries, that this evil practice prevails, and, as our supply is mainly and increasingly drawn from the country beyond, it becomes of less and less importance. But here is just where another evil makes its appearance. The farmer at a distance of more than five miles from the city cannot afford to retail the product of his farm, and must consign his milk to a middle-man, who delivers it to the customer, or, in many cases, sells to hucksters or small store-keepers, who retail it. In passing thus through two or three hands, necessarily with the lapse of more or less time, the milk undergoes much change. Not only may water be added, but the cream is abstracted, and the consequence is that city milk is a very different thing from that which we taste at a spring-house in the country. Sharp competition, too, brings prices down below the point of honest profit; and then temptation comes to the farmer also to dilute the milk or to rob it of part of its cream,—to him as to the consumer the most valuable part. I would be far from charging the whole milk-producing and distributing interests with fraud. There are as honorable and high-toned men engaged in both as are to be found in the community,—men as anxious to prevent fraud and to punish it when detected as could be desired. It is the interest of these men to free themselves of the petty rascals who disgrace their business and furnish to the children of the city such miserable trash as must necessarily starve many of them to death. I find words wanting to express what seems to me the fiendish cruelty which mocks infancy with such semblance of food. But it is better to try to remedy an evil if possible than simply to denounce it, though this is also our duty; and it is for this purpose that I have brought the subject before you to-night.

As the business is now generally conducted, the morning's milk is exposed in pans to cool, and in the evening part of the cream is removed; this skimmed milk is mingled with the evening's milk, and is shipped to the city next morning as whole milk. Such practice, I am sorry to say, is regarded as right by many farmers, who justify themselves on the plea of uses of the trade. Others send the previous evening's milk (robbed of part of its cream) with the morning's milk in the morning. A few send whole milk, and command a better price for the article. The middle-man takes the milk from the railroad depot to his own depot; it is now from twelve to twenty-four hours old, but too late for delivery on the day of its arrival. It is again "set," or allowed to stand so that some of the cream may again be abstracted, and delivered the following day. Some is, however, delivered on the day of arrival. The consumer pays from six to ten cents a quart for milk during the winter; from five to eight cents in summer. The wholesale price of milk at the railroad depots is five cents a quart in winter; three cents in summer. If we allow the average yield of a cow to be even ten quarts daily,

the farmer could then receive only from thirty to fifty cents a day for each cow. But this is more than the actual yield; and I am satisfied, from observation at my own farm, that it does not pay the farmer to sell milk at less than five cents a quart in winter or four cents in summer.

The business of the middle-man is a risky one. The loss from bad condition of milk, hot or murky weather, bad debts, loss in retailing, etc., is so great that he may fairly demand a considerable margin of profit; and it needs constant care, watchfulness, and personal oversight.

I wish to call your attention to an experiment which I have been trying now for nearly a year with such results that I would ask your co-operation to secure a general adoption of the plan. It essentially consists in having the milk sent direct from the farm to the city in quart jars sealed at the farm. The chances of fraud are thus reduced to a minimum, and the consumer has some one person upon whom he can visit the blame if the article supplied is unsatisfactory. At my farm the milk when drawn from the cow is immediately cooled and placed in quart jars such as are used for preserving fruit; each jar is then closed and sealed with a label bearing the name of the farm. Twenty of these jars are placed in a box and shipped per railroad to the middle-man, who has then only to receive them, deliver to the customer, and collect the empty jars to be returned the next day. This entails upon the farmer much additional labor in careful cleansing of the jars and in putting up the milk in good condition, as also some loss from breakage, etc., which may be estimated at one cent a quart. This has been called the Connecticut plan, I am told, and has been tried there by Mr. Ratchford Starr, at his celebrated Echo farm; but I believe I am the first one to have tested it in our latitude. A special jar has been devised and patented for the purpose by Mr. J. H. Lester, who has kindly consented to be present this evening, and will tell you what he considers its special merits, what he has done in Brooklyn, and proposes to do here. I wish him every success, believing that to insure an abundant supply of healthy food at reasonable cost is one of the best means of benefiting the toiling masses among whom our lot is cast.

The jar I have used with entire satisfaction to myself and my customers is the Cohansey Fruit-Jar.

One word more I would wish to add with reference to the different quality of milk yielded by the different breeds of cows. That from the Jersey or Alderney contains a pound of butter in twelve quarts; from the Devon, in fourteen quarts; that from the Durham, in seventeen to eighteen quarts, — according to Flint; while the grade cow yields milk containing one pound of butter in sixteen quarts. But the Jersey cream rises promptly and completely, leaving a watery-blue skim-milk not having high nutritive value. The Durham milk is watery at the outset. The Devon milk is the best, in my opinion, for family use, being rich in butter and casein, and parting with its cream more slowly than other sorts; hence, when skimmed, after twelve hours' standing it is still rich enough for ordinary purposes. The Ayrshire is probably the next best.

A CASE OF TYPHLITIS.

BY R. F. HERDOCIA, M.D.,

Resident Physician to St. Mary's Hospital, Philadelphia.

JOSEPH S., æt. 22, German, single, a harness-maker by occupation, was admitted into St. Mary's Hospital, service of Dr. Grove, April 21, 1879, when his condition was noted as follows. His bowels are habitually costive, and have not been moved for three days. He has had pain over the right side of the abdomen since yesterday evening, and complains of general malaise. On examining the abdomen, there is a fulness over the right iliac fossa, and palpation detects a hard, prominent swelling, which is painful and exquisitely tender on pressure, the skin over it being slightly reddened. The swelling is on a line with the groin, situated just above Poupart's ligament, and extends half an inch from the anterior iliac spine about three inches towards the pubes, its transverse diameter being two and one-half inches; it is cylindrical. He is obliged to keep his right thigh and leg flexed, for the extended position gives him pain and discomfort. There is no pain nor tenderness over any other portion of the abdomen. He states that he had a similar trouble a year ago. Evening temperature 101.5° F.; pulse 90; respirations 20. The following treatment was ordered:

℞ Liq. ammon. acetat.,
Liq. pot. citrat., āā fʒii;
Tr. aconiti rad., gtt. x;
Syr. et aq., āā fʒss.—M.
Sig.—Tablespoonful every three hours.

Gave also a hypodermic of morphiæ sulph. gr. ¼, and ordered the following enema:

℞ Olei ricini, fʒi;
Olei terebinth., fʒss;
Pulv. acaciæ, ʒss;
Aquæ ferv., Oii;

which had the effect of bringing away a large quantity of liquid fæces, together with some hard concretions. The tender spot was painted over with tincture of iodine twice daily, and hot poultices applied three times a day.

22d.—Morning temperature 100.5°; pulse 112; respirations 20; pain and tenderness unabated. Ordered, in addition to previous solution,

℞ Pulv. opii, gr. vi;
Hydrarg. chlor. mitis, gr. xviii;
Pulv. ipecac., gr. i.
M. ft. pil. no. xviii.
Sig.—One every two hours.

Hypodermic of morphia discontinued. Evening temperature 102°; respirations 22; pulse 116. Had a large, thin passage from the bowels.

23d.—Morning temperature 99°; pulse 112; respirations 20. Had much pain only when he moved; swelling just as tender; there was slight tympanites. Same treatment continued. Evening temperature 100.5°; pulse 112; respirations 20.

24th.—Morning temperature 99.5°; pulse 104; respirations 16. There was less tenderness over the iliac fossa. Fever-mixture discontinued, and, the skin over the seat of inflammation being sore and blistered, the iodine paint was stopped. Evening temperature 99.6°; pulse 96; respirations 20.

25th.—Morning temperature 98.4°; pulse 88; respirations 20. Felt better. There was slight tenderness. The gums being now touched by the mercury, the calomel and the ipecacuanha were suspended, and half-grain opium pills were directed every two hours. Evening temperature 99°; pulse 84; respirations 16. Poultices discontinued.

26th.—Morning temperature 99°; pulse 100; respirations 20. Patient looked very bright, and could bear a great deal of pressure without suffering much pain; had a loose discharge from the bowels. Pills continued. Evening temperature 99°; pulse 88; respirations 20.

27th.—Morning temperature 98.4°; pulse 88; respirations 20. Had no pain over iliac fossa, and very little tenderness; swelling less marked; hardness about the same. Evening temperature 101.5°; pulse 104; respirations 22; tongue coated, and he was restless and felt very uncomfortable. Got out of bed in the morning without permission.

His diet had consisted, at first, of milk and beef-tea, but later, to the present date, he was allowed, in addition, bread-toast and butter. His lungs were carefully examined, and pneumonia of the right lung, in its incipiency, was diagnosticated.

Ordered the following:

℞ Syr. senegæ,
Syr. scillæ, āā fʒiii;
Pot. citrat., ʒiii;
Syr. ipecac., fʒss;
Tr. verat. viridis, gtt. l;
Syr. simp., fʒss;
Aquæ q. s. ad fʒiii.—M.
Sig.—Teaspoonful every two hours.

It is worthy of notice that with this exacerbation there was but a very slight increase of tenderness over the right iliac fossa, which had entirely disappeared by the next day. Opium pills continued.

28th.—Morning temperature 102.8°; pulse 112; respirations 20. Bowels moved twice through the night. Same treatment continued. Evening temperature 103.4°; pulse 116; respirations 24. Vomited occasionally; swelling gradually reducing in size. Ordered a steam bath; fever-mixture continued.

29th.—Morning temperature 103°; pulse 104; respirations 24. Diarrhœa obstinate. Fever-mixture continued; opium pills and expectorant mixture suspended. Ordered quiniæ sulph. gr. ii four times a day, and opiates and astringents for his bowels. Evening temperature 103.6°; pulse 112; respirations 24. Bowels decidedly better. Steam bath repeated.

30th.—Morning temperature 103°; pulse 104; respirations 24. Same treatment pursued. Evening temperature 103.8°; pulse 116; respirations 24. Ordered another steam bath, for in every instance it had made the patient perspire freely and feel more comfortable afterwards.

August 1.—Morning temperature 102.4°; pulse 104; respirations 24. Felt very much improved. Same plan of treatment continued. Evening temperature 100.4°; pulse 104; respirations 20.

August 2.—Morning temperature 100°; pulse 108; respirations 20. Lung doing remarkably well. All therapeutic treatment suspended, except the quinine. Milk-punches given in addition to his previous diet. Evening temperature 99°; pulse 104; respirations 20.

From this time he went on improving rapidly. The pain, tenderness, and fulness completely disappeared from the right iliac fossa; the hardness rapidly subsided; the lung cleared up entirely; and he left the hospital, well, May 19, 1879.

NERVOUS INHERITED SYPHILIS.

BY R. B. GLASGOW, M.D.

J. L., æt. 11 years, had, for six months previous to coming under treatment, headache, loss of memory for recent events, sick stomach, and spasmodic seizures, which began while patient was convalescent from a slight illness, pronounced scarlet fever, accompanied with very marked alopecia. These attacks occurred at irregular intervals of one or two days, and lasted from five minutes to half an hour, and increased in both frequency and severity up to time of commencing treatment. The seizures did not occur during sleep, were aggravated by excitement, and were preceded by no aura. During the attacks patient fell unconscious, and had twitching of muscles of face and extremities. The attacks were not accompanied by involuntary evacuations, or followed by any of those symptoms known to follow epileptic seizures.

Family history of patient good. Patient had measles and scarlet fever, as above described. Treatment for the seizures and slight anæmia, bromide of potassium and iron. Result of one month of this treatment, seizures less frequent, but more severe. The patient was now put on iodide of potassium, ten grains twice daily. During the first month of this treatment the seizures became much lessened in frequency and severity, and the headache and loss of memory began to disappear. The treatment was continued, and during the second month of it the seizures and other symptoms disappeared entirely, and have not returned to date, now six months since. From the known effect of the drug administered, and from the well-marked existence of Hutchinson's serrations on the central upper incisor teeth, the case seems one of inherited syphilis.

TRANSLATIONS.

APHASIA IN ANÆMIC CONDITIONS.—Dr. Robert Koch describes a form of aphasia which is not dependent upon lesion of the brain, but is of a transitory nature and without sequelæ. It occurs in anæmia, and is immediately dependent upon cerebral hyperæmia. In these cases there is no thickness of the tongue or clouding of the intellect, as in drunkenness, nor is the condition such as in the stuttering of fright or embarrassment, which consists in a failure to articulate. The aphasia described by Dr. Koch is, he says, quite different.

The following case is illustrative. Dr. N., 36 years of age, stuttered as a child, suffered from neuralgia. He was pale and irritable. One day, during a fit of anger, he experienced slight dizziness, tingling about the mouth and in the fingers, and at the same time noticed a difficulty in saying certain words. His tongue was readily movable; his mind clear. The condition continued for a quarter of an hour, startling and annoying the patient considerably. At the end of that time he lay down quietly, and half an hour later could speak quite well. No further attack occurred for several months, when the patient began to suffer from the recurrence of the trouble. A sojourn at the Engadine iron springs relieved him, and he slowly recovered. The attacks always began in the same way, with tingling in some of the fingers of the right hand, dizziness, numbness about the mouth, etc. — *Berliner Klin. Wochens.*, 1879, No. 8.

TUBERCULOSIS OF THE CERVIX UTERI.—At a recent meeting of the Société Méd. des Hôpitaux, Cornil described the case of a phthisical woman who presented a localized abdominal tumor in the deeper portion of the pelvic cavity, with uterine pains and fluor albus. The speculum showed a superficial erosion on the cervix, near the meatus. This erosion or ulcer was half a centimetre (one-sixth of an inch) in diameter, with sharply-cut edges and a yellow base. It was touched with diluted tincture of iodine. Cicatrization was rapid, and three weeks later the patient left the hospital almost completely cured. At the time of examination a small ulcer was perceived in the frænum linguæ, which had begun in yellowish tubercular granulations, and which became

rapidly healed over. At the autopsy of this patient, generalized miliary tuberculosis in all parts of the system was found. This form of tuberculosis is very rare, only two or three cases being recorded.—*La France Médicale*, 1879, p. 244.

PERSISTENTLY PATULOUS URACHUS; ESCAPE OF URINE FROM THE NAVEL.—Guéniot gives the case of a man of 79, who had been troubled for some time with dribbling of urine, connected with prostatic hypertrophy. After this condition had lasted some little time, urine began to dribble from the navel. Some time later the patient died, when, in addition to marked hypertrophy of the prostate, the ureters were extremely dilated, the calyces and pelvis of the kidney were filled with urine, the urachus tubular and not obliterated at any point. The lower part was of a dark color, the sub-mucous tissue tumefied, and the epithelium in part destroyed. Looked at from the interior of the bladder, the opening of the urachus presented a lumen of 1 to 1.5 mm. diameter, and was circumscribed by a raised border. Guéniot alludes to a former case reported by himself, and gives references (incomplete) to twenty-one other cases.—*Bull. Gén. de Thérap.*, 1879, p. 269.

DIAPHRAGMATIC RUPTURE.—Dr. Bremme publishes a case of rupture of the diaphragm, on the right side, due to violent and rapid distention of the stomach with gas. The patient, after having eaten a meal of potatoes and coffee, took some carbonate of soda to allay a slight heaviness that he felt: the pains increasing, he took some more of the salt of soda; the pains became agonizing, and three hours after ingestion of the meal the patient died. On post-mortem examination a laceration was discovered on the right side of the diaphragm, opposite its attachment to the sixth rib, through which a coil of the small intestine had passed. A medico-legal inquiry failed to detect the presence of poison, and attributed the distention to carbonic acid gas.—*Riv. Sper. di Fren. e di Med. Legale* (published in the *Giorn. Internat. delle Scienze Med.*, 1879). G.

TREATMENT OF WHITE SWELLING.—M. Suchard describes Mayor's procedure as follows: it is peculiarly adapted to those cases of subacute arthritis with more or less abundant suppuration which do not readily support the ordinary bathing and bandaging. It consists in enveloping the diseased articulation in a wrapping of lint or charpie saturated with a mixture of cerate and mercurial ointment. Imbricated straps of adhesive plaster fix this first dressing, which themselves are covered by leather splints covered with soap. By this means absolute immobility is gained, together with perfect elastic compression, as well as the peculiar medicinal effect of the mercury, by means of which suppuration diminishes rapidly, and a favorable result is gained.—*Le Progrès Médicale*, 1879, p. 307.

CONTRIBUTION TO THE DIAGNOSIS OF UTERINE CARCINOMA.—P. Muller says that, while the usual origin from which carcinoma reaches the body of the uterus is the vaginal portion, cases in which the carcinoma begins directly in the uterine body are very rare. He has seen five such cases. Two forms are to be distinguished, the general infiltrating and the tuberculated. The first of these may be mistaken for sarcoma, the latter for fibroid. Examination of the growths (carcinoma is at first harder) and inquiry with regard to the age (the other forms usually occur after the menopause, while fibroid occurs before) help to settle the differential diagnosis. The symptoms are pain (not always), bleeding, reddish discharge; later, suppuration, penetration into the abdominal cavity, adhesion. The best treatment is total extirpation by Freund's method.—*Cbl. f. Chir.*, 1879, p. 271; from *Correspondenzbl. für Schweizer Aerzte.*

CYST OF THE NECK WITH OILY CONTENTS.—Malherbe found, in the case of a woman of 25 to 30 years of age, a tumor the size of a large nut on the angle of the right jaw. This had been observed ever since the patient was 5 years old. It had grown slowly and painlessly from the first. This tumor was seated deeply under the fasciæ of the neck, sharply defined, hardly showing under the skin, and showed marked fluctuations. Puncture gave exit to an oily fluid. A year later the cyst became again filled. It was emptied this time with the aid of a hypodermic syringe, and a few drops of absolute alcohol were injected, which resulted in a cure.—*Bull. de la Soc. de Chir.*, vol. iv. No. 4.

FRACTURE OF STERNUM.—Dr. Montané reports a case of transverse fracture of the sternum presenting displacement of the upper fragment forwards.—*Gaceta Med.*, Havana, Nov. 1878. G.

STRANGULATED HERNIA.—Prof. Frusci, of the University of Naples, publishes a case of congenital inguinal hernia, brought to him on the forty-sixth day of the child's life, when he found the hernia strangulated. Herniotomy was performed on the same day, and on the ninth day the child died from erysipelas. After a lengthy consideration of the subject, the writer arrives at the following conclusions:

1st. In such cases it is not advisable to temporize, but to proceed immediately to herniotomy, if the constriction does not yield to rational means.

2d. Not to open the sac if sure that the constriction lies in the fibrous ring and the intestine is in good condition, but to cut the constriction outside the sac.

3d. To try to secure union by the first intention, as a general rule.—*Giornale Internat. delle Scienze Mediche*, Napoli, 1879. G.

INJECTION OF TINCT. IODINI IN ASCITES.—Naranjo, in a case of ascites where no disease of heart, liver, or kidneys could be made out, the duration of the disease being six years, drew off the fluid, and injected a mixture of two ounces of tinct. iodini and four ounces of water. This was allowed to remain in the abdominal cavity for two minutes, various movements being made so that the tincture should reach all parts. Slight fever was observed during the next few days; the abdomen was painful and slightly prominent. Eight days later the patient was about again, and at the end of a year a radical cure was noted. In a second, somewhat similar, case, in which one part tinct. iodini, two parts water, and two parts white wine were injected, after the withdrawal of ten gallons of fluid peritonitis followed, but this was relieved in about a week. Eighteen years after the operation the patient remained quite well. In a third case, death followed; but here there was disease of some of the abdominal organs. Naranjo concludes the operation a good one in "essential ascites," that is, when no disease of the heart, liver, or kidneys exists.—*Centralb. f. Chir.*, 1879, p. 286; from *El Genio Medico-quirurgico.*

ON THE USE OF SALICYLIC ACID.—Salicylic acid, says Dr. William Squire, has two independent effects, the germicide and the antipyretic, and in some diseases, as scarlatina, both of these come into play. Half an ounce of glycerin when hot will dissolve half a drachm of the acid. This is stronger than necessary, and, when cold, will either deposit some of the acid or may become solid; in either case it will redissolve when heated, and can be mixed in a warm spoon with an equal quantity of hot water, and given in small quantities, with or without any drink afterwards; or a solution of five grains of salicylic acid to the drachm of glycerin can be used, either alone or given with a little cream. In this way not only are the mouth and throat cleansed, but the fever is soon lessened; it is only while the fever is high that the strong doses need be continued. Half an ounce of the glycerin in half a pint of water forms a suitable mixture; this, sipped frequently, or given as a drink every two or three hours, diminishes fever and improves the throat. Such a solution of two grains to the ounce is efficient as an antiseptic, and can be used in spray. When a general antipyretic effect is desired, salicylate of soda may be given at the same time, fifteen grains being equivalent for this purpose to ten grains of the acid. It is contraindicated where there is renal congestion or any albuminuria, as most of the acid is secreted by the kidneys.—*Brit. Med. Jour.*, v. i., 1879, p. 625.

THE PREPARATIONS OF COTO IN DIARRHŒA.—Coto and its derivatives have already reached or probably soon will reach the markets of this country, and it may be well to note the high terms in which it is spoken of by those who have employed it. Fronmüller and Baeltz assert its value in the most rebellious diarrhœas (especially those of a tubercular character) and in the colliquative sweats of phthisis. It has the great advantage over other medicaments employed in these affections that it stimulates the appetite. The tincture is to be made, with great care, from one part of the bark and nine parts of alcohol (58°). The dose varies from ten drops daily to an ounce, according to the effect. Cotoin may be substituted; two grains of this equal eighty minims of the tincture.—*Bull. Gén. de Thérap.*, 1879, No. 8.

EXTIRPATION OF HARD CHANCRES.—Pospelow, following Auspitz's example, cut out three undoubted hard chancres in as many individuals. In two of these cases no secondary symptoms occurred within six months. In the third, however, where the chancre had lasted several weeks before extirpation, constitutional symptoms showed themselves.—*Cbl. f. Chirurgie*, 1879, p. 320; from *Moscow Med. Gaz.*

BORATED COTTON AND BORO-CARBOLATED DRESSINGS.—Solger uses hot solutions of boracic acid, dipping tampons in ten per cent. solution of the acid and applying them to wounds. On cooling, the boracic acid separates in crystals and the dressing clings closely to the skin, an advantage in the treatment of ulcers. Borated cotton absorbs the fluids of ulcers. Under the name of boro-carbolated dressing is understood that made of solutions of boracic acid and carbolic acid. This combination is an admirable antiseptic, and much more effective than carbolated cotton alone.—*Cbl. f. Chirurgie*, No. 12, 1879; from *Berlin. Klin. Wochens.*

INFLUENCE OF THE OPERATION FOR PHIMOSIS ON IMPOTENCY IN THE MALE.—Dudukalow operated on four cases where excessive sensitiveness of the glans caused impotency. He succeeded in curing this completely in three cases within six to ten months, and partly in the fourth. He warmly recommends the operation, not as a means of cure alone, but also as a diagnostic aid in obscure cases, when no other cause of impotency than an elongated prepuce exists.—*Cbl. f. Chirurgie*, 1879, p. 302; from a Russian source.

RETROGRESSIVE CHANGES IN VASCULAR TUMORS.—E. Pawloff states that microscopic examination of a mixed angeioma, removed from the frontal region in a patient 16 years of age, showed a retrogressive process dependent upon a development of the endothelium in the form of certain endothelial cylinders; in some fields the gradual growth of the endothelium and the formation of cylinders were illustrated.—*Cbl. f. Chir.*, 1879, p. 237.

LUNG TROUBLES ON THE AFFECTED SIDE IN HEMIPLEGIA.—Rosenbach has observed that pneumonia, broncho-pneumonia, and pleuritis in hemiplegics usually occur on the affected side, and he attributes this to the defective reflex activity of the lung due to paralysis, which allows fragments of food, etc., to be inhaled without exciting coughing.—*Cbl. f. Med.*, 1879, No. 16; from *Berlin. Klin. Wochens.*

BELLADONNA IN COLLAPSE.—R. Weber has given extract of belladonna in three cases of profound collapse, with favorable effect within a few hours. He urges its further trial. The dose was a quarter of a grain.—*Cbl. f. Med.*; from *Berlin. Klin. Wochens.*, 1878, No. 27.

TREATMENT OF ACUTE BLENNORRHAGIC EPIDIDYMITIS.—Dr. Duy, in his thesis on this subject, after reviewing the various means in use for the treatment of this affection, expresses himself in favor of Langlebert's impermeable raw-cotton suspensory as modified by Heraud. This dressing fulfils the three following indications: it keeps the parts immovable; it compresses them; and it is conducive to free sudation. In addition, it has been used with marked success in the Hôpital de l'Antiquaille, at Lyons, for the past two years.

TREATMENT OF VARICOCELE BY ELECTROLYSIS.—Percepied (*Thèse de Paris, Le Progrès Méd.*, 1879, p. 208) proposes the following plan. A hypodermic syringe-needle is introduced into one of the veins connected with the knot of enlarged vessels, or at least in the immediate neighborhood. With this is connected the positive electrode, while to the surface of the scrotum is applied the negative electrode, covered with chamois. A few sittings suffice for the cure of the varicocele. Only three cases are cited, too few for a positive opinion; but the operation seems worth a trial.

PERIOSTITIS IN TYPHOID FEVER.—Mercier notes the occurrence of periostitis as a complication of typhoid fever in the earlier stages of convalescence. Periostitis usually occurs in the multiple form, and in the lower extremities. Injuries even of the most trifling character may give rise to this form of periostitis. In seven cases observed by Mercier, necrosis never occurred.—*Cbl. f. Chir.*, 1879, p. 237.

SUCCESSFUL LIGATURE OF LEFT COMMON CAROTID FOR ANEURISM.—The *Gaceta Medica* (Havana) for March, 1879, reports a case of communicating aneurism of internal carotid and cavernous sinus, of traumatic origin, and attended with exophthalmia, thrill, pulsation, and murmur, successfully treated by ligature of left common carotid, which operation was performed by Dr. Hartmann in March, 1878.

OVARIOTOMY.—Ovariotomy was performed for the first time in Peru on June 12, 1878, by Dr. Lino Alarco, with successful result.—*Revista Med. de Chile*, Jan. 15, 1879. G.

HAY FEVER is checked by dropping a solution of salicylic acid, of the strength of one grain to the ounce, into the nares.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JUNE 21, 1879.

EDITORIAL.

WANTED—A CRITIC!

AMONG the recollections of our college days was that of a "warfare of science" between two celebrated mineralogists, carried on month by month and year by year in one of the scientific journals, to the edification and amusement of all readers. Prof. S., of Amherst, was sanguine and enthusiastic; Prof. B., of Yale, cold, cautious, and exact. Prof. S. was always announcing the discovery of some wonderful new mineral; Prof. B. invariably followed him up, in the next number of the "journal," with a demonstration of the fact that the wonderful new mineral was only an old and well-known rock mixed with dirt. And so the constructive and disintegrating forces kept up their work, and, for aught we know, continue to this day, to the great advantage of mineralogy.

Since engaging in the study of medicine we have, time and again, longed for some critical Prof. B., to follow up the enthusiastic and voluminous writers who are always revamping forgotten operations, inventing new pieces of apparatus, or recommending new and astonishing elixirs, tinctures, fluid extracts of goodness-knows-what, for the cure of all known complaints. The proportion of rubbish in our medical journals, even of the better class, is portentous: fortunately, but little of it is read. But, once some new treatment is started, or some new theory broached (and no matter what the reputation or want of reputation of the writer), the paste-pot and scissors transfer the cream of his article from journal to journal; it is translated into two or three foreign languages, and perhaps (as we have known) even translated back again to the original. And thus the vapid and useless thoughts of some tyro or ignoramus are given currency the world over. We have in mind now a certain professor, of whom it was said, years ago, that there was only one original idea in his lectures; this was his famous treatment for — say bronchitis. "Syrup of onions in bronchitis" was this learned professor's strong point; he devoted a whole lecture to it every year. Years passed; we had forgotten the professor and his treatment until last year, when, to our astonishment, we saw an announcement of his name among the speakers at a well-known society. Wondering what he could have to say, we looked farther, and found him announced to read a paper on "Syrup of Onions in Bronchitis." A little later an article appeared in a prominent journal, by the same individual, on the same subject; later the "Transactions of the Pulmonic Association" were published, and chief in the table of contents was a paper, by Prof. X., on "Syrup of Onions in Bronchitis"! Since then we rarely open a medical journal without seeing the professor and his article in some shape or other.

We may add that the treatment alluded to is not new, and was well known long before the professor took it up and made it his own. It was to be found in elementary text-books years before the professor reinvented it.

Now, can't this thing be stopped? We all deplore the avalanche of medical literature which covers the country. Possibly, if every man who wrote an article for the medical journals knew that a critic would be on his track in the next number, ruthlessly to expose his errors, show up his ignorance, and demonstrate the falsity of his pretensions to originality, there would be less written; but it would be more valuable. Our distinguished colleague of the

Index Medicus might check some of this overflow of superfluous writing at the fountain-head. If, as he jots down the titles of the various papers coming under his notice, some ingenious mechanism could print the mental comments "bosh," "twaddle," "trash," etc., opposite the lucubrations above alluded to, how great the relief to afflicted humanity! how vast the saving of private vexation of spirit! But that is too much to expect of any one man; and we can only reiterate, on the part of all readers of medical journals, Wanted—a critic!

LEADING ARTICLES.

THE USE OF THE FORCEPS AND ITS ALTERNATIVES IN LINGERING LABOR.

THE recent debate on this subject in the London Obstetrical Society presents many points of interest, not only because the question is one of instant and practical importance, but also on account of the eminent gentlemen who took part in the discussion.

The opening address was by Dr. Robert Barnes, who began by some general remarks upon the diversity of practice regarding the use of the forceps from the time of its invention until the present day. In England it seems probable that the forceps was more commonly employed during the early period of its use than it was thirty or forty years ago. Now and then its use has become so frequent as to become almost an abuse, and then by a natural reaction it has fallen for a time into abeyance. Thirty years ago the law of Denman was taught, that enjoined us to wait until the child's head had rested for six hours upon the perineum before resorting to the forceps; and this policy of procrastination was scarcely mitigated by the associated rule that "no case was to be esteemed eligible for the forceps unless the ear of the child could be distinctly felt." The influence of this sort of teaching may have been beneficial in repressing reckless and unskilful operators, but, as might have been expected, the neglect of the forceps has entailed the very dangers for which it was denounced: there is more hope for humanity in the enterprise of the man who acts than in the blind helplessness of the man who does nothing; the first may improve, but there is no hope for the man who is tied hand and foot to the policy of waiting.

The limits of the inquiry to "the use of the forceps or its alternatives in lingering labor" imply the exclusion from our consideration of (1) those cases in which acceleration of labor is indicated by convulsions, by hemorrhage, by other complications, as syncope, dyspnœa, apoplexy; (2) those where the child is in danger from prolapse of the umbilical cord, or other causes independent of protracted labor. The comparison lies between the two opposite practices of free resort to the forceps or its alternatives: (*a*) simple inaction or expectancy; (*b*) ergot or other oxytocics; (*c*) the filet or lever; (*d*) compression of the uterus, or other manœuvres not instrumental.

What is the state which demands or justifies interference? Collins gives the following as the conditions for using the forceps: "Generally speaking, so long as the pulse remains good, the bowels and bladder act well, the soft parts remain free from severe pressure, and uterine action continues so as to cause the presenting part to descend ever so slowly, the patient having no pain in the abdomen on pressure, or local distress, the child at the same time being alive, as indicated by the stethoscope, I am satisfied no attempt should be made to deliver with instruments, and that he who does so wantonly exposes both mother and child to danger. . . . The necessity alone of freeing our patient from impending or present danger should induce us to resort to instruments."

With this view Ramsbotham and George Johnson substantially agree. And although their practice with regard to the greater or less frequency of using the forceps was very divergent, yet these eminent men appear to have gained about the same average result.

In discussing the question, we are met by the necessity of drawing a line between the "high" and "low" forceps operations. The low operation takes simply those cases in which the head has entered the pelvic cavity; the high operation applies to those cases in which the head is seized at or above the brim. The low operation may be accomplished by the short forceps, and is a

simple proceeding; the presence of the head in the pelvis generally implies that there is no obstacle from disproportion to be overcome, that the resistance of the cervix uteri and vagina has been overcome, and that there remains little or nothing beyond the resistance of the vulva. We simply want a little *vis a tergo* to complete expulsion. In this conjuncture some will prefer ergot, some will prefer forceps. Dr. Barnes expresses himself in favor of the latter for these reasons: (1) Hardy and McClintock have shown that unless the child is born within a short time after the action of ergot it is likely to be born dead. (2) The action of ergot upon the uterus is uncertain. "You have evoked," says Dr. Barnes, "a Frankenstein whose brute violence you can neither subdue nor regulate." (3) In a large proportion of cases of arrest of the head in the pelvis, the arrest is due to malposition of the head, for example, occipito-posterior positions. In these cases extension tends to take place around the promontory of the sacrum as a centre instead of the symphysis pubis. The driving force is wasted. Fortunately, it often ceases or moderates. It is utterly unscientific, even dangerous, to goad it by ergot. The forceps is the true and effective help. It not only supplies the wanting force, but gives that force its proper direction, under conditions in the highest degree adapted to secure the well-being of mother and child.

So much for the use of the forceps when the head is in the pelvis. About this there is not so much question. Most debate is with regard to the "high" operation, and this is performed with the long forceps, the chief advantages of which are in its tractile power, which may be greater than the natural expulsive power, its leverage power, and its compressive power. The best forceps will be that which enables the operator to use all these forces in due harmony. The high operation, the great point upon which the contest turns, must be performed during the first stage of labor, when the child has made little or no progress, and therefore when the cervix uteri is imperfectly expanded. The head has to be sought and seized at or above the pelvic brim. This, of course, demands a long and double curved forceps. There is a greater complication of factors; far more judgment and skill are required in deciding upon and carrying out the operation. *What are the conditions which demand or justify the high operation?*

It may at once be admitted that there are cases of lingering labor in the first stage,—that is, before the cervix uteri is fully expanded, and before the child's head has entered the pelvis. One order of such cases is where the uterus is more or less paralyzed, or disordered in its action by excess of liquor amnii. Here the forceps may be used with advantage. Another is when the child is dead. Craniotomy would be proper here, but until we *know* that the child is dead the forceps is preferable. And *monsters* commonly cause lingering labors. A third order of cases is when the cervix uteri is imperfectly expanded.

Generally, so long as the head is above the brim of the pelvis the cervix is imperfectly dilated, and hence when we apply the forceps above the brim we usually do so through an imperfectly-dilated cervix. We must recognize this fact, because it is a direct infringement of the old canon, never to use the forceps till the os is fully expanded. What are the cases, under this order of things, which call for the forceps or its alternatives? The first alternative is patience and time; the second, ergot, which Dr. Barnes objects to because the delay at the brim may be due to a slight disproportion, when ergot would be most harmful. There is another order of cases where labor is lingering while the head is at the brim (cases of overhanging belly and uterus), in which the abdominal muscles fail to keep the long axes of the uterus and child in due correlation with the axis of the pelvis. Here the forceps is especially useful, even though the cervix be not fully dilated. The alternative is turning. Both are facilitated by delivery in the dorsal posture, and by compression of the abdomen.

As to what is lingering labor in this connection, it may be remarked that if the signs of lingering labor are manifested while the head is above the brim we are as much called on to interfere as if the same signs were manifested, the head being in the pelvic cavity. Fortunately, the powers of nature are at this time fresh and unjaded, and may be relied upon much more than in the later stage. We may say, then, that the high operation is sometimes called for, but that the necessity for it is not frequent. As to the dangers connected with

the operation itself, these are, first, connected with the difficulty of introducing the forceps itself through the imperfectly-dilated cervix. This operation is not without danger even in skilful hands, and should never be attempted by the unskilful. The forceps may, indeed, be introduced without evil results, but when it is locked, and traction is made against a hard unyielding os, the whole uterus and child are dragged down towards the pelvic outlet, and laceration of the cervix, etc., together with various subsequent disasters, may be the result. The dangers, in fact, are very much the same as those entailed by lingering labor, and are much more to be feared in primiparæ. This is the borderland of the use of the forceps, and the various other expedients for overcoming the rigidity of the os uteri, copious warm-water irrigation, the hydrostatic bag, etc., may be employed as alternatives. Finally, craniotomy here is also an alternative, but so dreadful a one that Dr. Barnes urges the freer use of the forceps as far preferable. His conclusions are as follows:

"1. In lingering labor, when the head is in the pelvic cavity, the forceps is better than its alternatives.

"2. In lingering labor, when the head is engaged in the pelvic brim, and when it is known that the pelvis is well formed, the forceps is better than its alternatives.

"3. In lingering labor, when the head is resting on the pelvic brim, the liquor amnii discharged, and it is known, either by exploring with the hand or by other means, that there is no disproportion, or only a slight degree of disproportion, even although the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives.

"4. In proportion as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, the utility, and the safety of the forceps become less frequent.

"5. As a corollary from the preceding proposition, increasing caution in determining on the use of the forceps, and greater skill in carrying out the operation, are called for."

The debate which was begun upon Dr. Barnes's address promised to be of a most interesting character, but was not concluded at that session of the Society. In our next issue we propose to give a résumé of the opinions expressed by the various authorities taking part in the discussion.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

AT a conversational meeting, held at the hall of the College of Physicians, Philadelphia, March 12, 1879, President Henry H. Smith, M.D., in the chair, Dr. J. Cheston Morris read a paper on "Cows' Milk as Food in Health and Disease" (see page 446), and presented some specimens of milk of Alderney, Devon, and other cows from his own dairy, the plan recommended being to send hermetically-sealed glass jars directly from the dairy to the consumer's house, thus preventing any adulteration or contamination in transit or before delivery. This plan had been carried on to a large extent in New York, and the introducer of the system into that city, Mr. Lester, was present at his invitation, and would explain to the Society the details of his plan if desired.

The President requested Mr. Lester to describe the method as now in operation in other cities.

Mr. Lester said that the object of the scheme was to deliver pure milk to consumers in the city each morning in hermetically-sealed cans, which are closed under pressure at the dairy. He exhibited a peculiar glass jar made expressly for the purpose. The plan has been in successful operation in New York and Brooklyn for three years, the empty jars being collected each morning when full ones are delivered. The capacity of the jars is one and two quarts. He had noticed that the fact of keeping the milk under pressure had increased the rise of cream, so that a large amount of cream could be seen at the upper part of the fluid when delivered to the customer. This can be skimmed and used separately or mixed again with the milk. He had that morning visited a dairy near Philadelphia, with a view to purchasing it and introducing the plan on a large scale in this city. The price would be not much above the ordinary retailing price asked by the middle men. He believed this subject of the supply of pure milk to be of special interest to physicians.

Dr. W. R. Cruice, at the request of several members, spoke of his personal experience with the milk diet. Two years ago he found that he was suffering from albuminuria. Examination of the urine revealed a large proportion of albumen (nearly one-half), with tube-casts, etc. Upon the advice of a medical friend, he resorted to a milk diet, drinking about three quarts per diem; occasionally he would add to it a small piece of bread, but, as a rule, the milk only had been used. This diet had been exclusive for at least seven months. His general condition had now improved so that his weight had increased from one hundred and fifty-five to one hundred and eighty-five pounds. He stated that his

appetite and digestion were good; bowels regular; he had not been troubled with either diarrhœa or constipation; occasionally a little flatulence. He had not acquired any distaste for the milk, and was now able to attend to his daily practice, and never felt better in his life. He drinks milk three times a day, and takes nothing between meals. In reply to a question, he said that his increased weight was not due to dropsy, as he had not *had any œdema* or effusion into any internal cavities for a long time.

Dr. Benjamin Lee spoke of the essential importance of a good milk supply as an article of diet in large cities. Milk may change in a few hours from a wholesome food to a poison, from the fact that it possesses the power of absorbing morbific matters in virtue of its fatty character and its highly-vitalized condition. The plan suggested by the lecturer, with the additional improvement of Mr. Lester, has many advantages over our present methods of transportation. There can be no question that the reason why, in very many cases, infants are found to thrive upon condensed milk when they sicken upon fresher milk is that the condensed article escapes the agitation and changes that occur during transportation. Being of greater density, it is less easy to communicate molecular motion to it, and, the can being full, there is no leakage and no absorption. He had already called the attention of the Society to the filthy condition of the milk-cars, whose floors, covered by drippings from the cans, are in a state of putrefaction, as evidenced only too plainly to the sense of smell. The milk is kept overnight in these cars, and with the jolting a portion splashes out and this offensive air takes its place, rendering the milk poisonous. We have here the means of absolutely preventing any such contamination. These two points mentioned are much in favor of the new method.

Dr. Morris, in referring to Dr. Lee's remarks about the condition of the milk-cars, said that he had himself noticed a peculiar odor in the cars, and this explains what he did not understand before, that when sending milk to the city in the twenty-quart cans, if any milk remained in the car overnight it would be sour in the morning, whereas under other circumstances it would keep sweet much longer. In regard to the cost of milk to the dairyman, he was satisfied that the actual cost of good milk is not less than four cents per quart.

Dr. C. B. Nancrede said that he formerly had constant trouble in obtaining a regular supply of good milk for his children until he tried the plan advocated, and he wished to testify to the advantage of this method. The milk he now uses he obtains from the farm of Dr. Morris, in the glass jars shown by the lecturer. The milk is always the same, and keeps in good order and sweet for several days. This plan is much superior to any other that he is aware of.

REVIEWS AND BOOK NOTICES.

The Anatomy of the Joints of Man. By Henry Morris, M.A., M.B. Lond., F.R.C.S., Senior Assistant Surgeon to and Lecturer on Anatomy and Demonstrator of Operative Surgery at the Middlesex Hospital. 8vo, pp. 462. Philadelphia, Lindsay & Blakiston, 1879.

This handsome book is really a valuable contribution to anatomical literature. The descriptions are clear and very accurate, and the style excellent. While confining himself very closely to his subject, the author has yet given sufficient space to certain auxiliary matters, such as the relations and actions of adjacent muscles and of the constituent bones, to give his account of the mere joint-anatomy a force and interest which would otherwise have been wanting. It is a proof of the good judgment with which his work has been done, that he has avoided any reference to the pathology or surgery of the articulations; this would have swelled the volume to such a size as to have greatly impaired its value.

Mr. Morris has not failed to note and to illustrate Hilton's principle as to the common nerve-supply of the muscles, the skin overlying their insertions, and the interior of the joints concerned in their action. He might, perhaps, have referred also to the analogy between the joints in the limbs and the visceral serous membranes with advantage.

We can hardly agree with him in his opening statement, that "it may with truth be said that every kind of structure in and every organ of the body is, to a certain extent, subservient to the perfection and uses of the joints." Surely this is giving an auxiliary the place of a principal. If the statement had been that the perfection and uses of the joints were essential to the proper performance of every other function of the body, it would have been entirely correct.

We regret to see that the name of our countryman Dr. Bigelow is not mentioned in connection with the hip-joint, and that his excellent remarks in regard to it are referred to only with disparagement.

One point in the mechanics of the bursæ we would call attention to. We believe they are sometimes of use in giving advantage to the action of muscles, as, for instance, that small one beneath the ligamentum patellæ, which prevents the direct pull of the extensor muscles in the line of the tibia, and thus adds materially to the effective force of their contraction.

It would have been better if references to the plates had been given in the text. Sometimes the connection between them is wholly obscure. The illustrations themselves are generally good, but the frontispiece is utterly valueless; and the plates copied from Monro

(Nos. xxi., xxxvi., xxxvii., and xl.) are extremely inartistic, to say the least of them. They are far inferior, not only in execution but in clearness, to the fine copper-plate originals.

We have spoken freely of these few defects in the excellent volume before us, because they are such as in a second edition can be readily remedied. It is not often that an author comes before the public (as we believe Mr. Morris now does) for the first time with so very acceptable an offering. Dealing simply with the anatomy of the joints, he has yet produced a book which ought to be in every surgeon's library. P.

AMERICAN HEALTH PRIMERS. HEARING, AND HOW TO KEEP IT. By CHARLES H. BURNETT, M.D., etc. Philadelphia, Lindsay & Blakiston, 1879.

This little book, although intended ostensibly for the general public, contains very much that will be new and interesting to most medical men. Owing to the lack of opportunity afforded during our hurried courses of medical study, few physicians are well posted in the physiology and pathology of the ear; and to such as desire to gain some knowledge of the subject, Dr. Burnett's primer affords a ready and trustworthy guide. Brief and clear in its descriptive parts, agreeable in style, and characterized by a fine perception of what is due to science and good taste, we may peruse it ourselves with profit, and recommend it to our patients with confidence.

FISTULA, HÆMORRHOIDS, PAINFUL ULCER, STRICTURE, PROLAPSUS, AND OTHER DISEASES OF THE RECTUM; THEIR DIAGNOSIS AND TREATMENT. By WILLIAM ALLINGHAM, F.R.C.S., Surgeon to St. Mark's Hospital for Fistula and other Diseases of the Rectum, etc., etc., etc. Third Edition, partly rewritten. 8vo, pp. 325. Philadelphia, Lindsay & Blakiston, 1879.

The fact that this work has reached a third edition is in itself evidence that it contains material of practical value. The style, however, is bad, and often indicates carelessness, while the want of an index detracts greatly from the convenience of the occasional reader.

Mr. Allingham hardly indicates clearly enough in what class of cases of fistula he would and in what class he would not use the elastic ligature. He gives a wood-cut of a rather complicated instrument for applying it; we have always found very simple means to answer perfectly,—a small eyed probe and fine thread being first passed, and a single slip-knot of the latter tied very close to the end of the rubber cord, which can then be drawn through with great ease.

Our author still continues to condemn the écraseur as a means of removing hæmorrhoids, in which we cannot agree with him. He has found reason to modify his objections to rapid dilatation of the sphincter in cases of fissure. In the chapter on rectal cancer, he refers at some length to the operation of extirpation, with which he has had some not unfavorable experience. The remarks on the physiology of the colon do not appear to us to have any special significance, or to be based upon very accurate experiments.

We cannot but be surprised that no writers upon the subject of rectal diseases and their treatment seem to be aware of the value of the head-mirror as an aid in exploring and operating upon these parts. Its use often enables us to command the light to great advantage, and to avoid prying eyes in chambers that are overlooked by neighboring windows. P.

A TREATISE ON GOUT AND RHEUMATISM. By P. HOOD, M.D. Second Edition. Philadelphia, Lindsay & Blakiston, 1879.

Whether it be due to differences of climate or to differences of habits of life, the fact seems indisputable that gout is alien to American shores. We suppose that very few, if any, of our readers have ever seen a case of gout in an American which could not be traced directly to foreign ancestry. The writer of this certainly has never seen such a case. On the other hand, there is probably no one of those who have paid any attention to the medical history of our old Philadelphia families, who has not seen the gradual extinction of the gouty diathesis through successive generations,—the chronically-swollen joints, the chalky concretions, of the imported sire, in the child indicated by occasional attacks of gout; in the next generation by various cardiac and other functional disorders,—by neuralgias and headaches; and in the great-grandchild only by a tendency to rheumatic disorders.

Gout plays, therefore, a much less important rôle in the life of an American physician than in that of his transatlantic brother. No gouty squire, no irascible nobleman, no Falstaffian alderman, swells his yearly income by a driblet from a plethoric purse. Nevertheless, rheumatism is triumphant yet, and irregular gout is far more common (at least on the Atlantic seaboard) than is believed by many; and the volume of Dr. Hood is of real interest to us on this side of the Atlantic, because it has been written by one who has evidently seen much more of the disease than can ever fall to the lot of an American physician.

The most interesting and important portions of the book are those upon treatment. These are not formal, but are so filled with the true spirit of clinical therapeutics—*i.e.*, the honest, eager intention to cure—that their reading is not only delightful, but very instructive. We trust that the pleasure and profit we have derived from their perusal will be shared by many American physicians.

GLEANINGS FROM EXCHANGES.

DRUG-SMOKING.—There are several ways in which medicines may be administered into the lungs,—by inhalation with steam, as atomized fluids, by insufflation, by fumigation with powders prepared so as to burn freely in the air, or, lastly, by smoking. The simplest and surest method is, in the opinion of Dr. Thompson, the use of paper soaked in a weak solution of nitre to make it burn continuously, and dipped afterwards in the tinctures or solutions of the drugs to be tested, the paper being rolled into cigarettes of uniform size. In order, however, to disguise the odor of burnt paper, a little tincture of tobacco is used, as in the following formula, which represents the basis for each cigarette:

℞ Swedish filtering paper, size 4 in. by 2½ in.;
Potassæ nitratis, ¼ gr.;
Tinct. tabaci, ♏x;
Olei anisi, ♏½.

Tincture of tobacco made with two and a half ounces of the leaf to a pint of spirit.

A solution of any drug can then be prepared, and the paper, having been floated through the solution in a flat dish, when dry can be cut into a certain size, and the dose thus accurately measured. Opium was the first drug experimented with, and one-eighth of a grain of the drug the dose at first tried; but it was soon found that the effects produced by smoking this quantity were too intense, and it was at last discovered that one-sixty-fourth of a grain of the extract of opium was sufficient for an initial dose. Cigarettes with this quantity of opium were smoked by Dr. Thompson and three other healthy men, and in a few minutes a decided effect of dizziness was produced. The cigarettes were smoked in the ordinary way, the smoke being partly rejected; but, if the full effect of the dose be desired, the smoker should be instructed to expand the lungs with full inspiration and retain the smoke in the lungs. In the case of one healthy man the dose was increased to one-thirty-second of a grain of the extract, but this, together with the same dose of stramonium, caused too much and too prolonged dizziness. Dr. Thompson cites several cases in which the smoking of these cigarettes appeared to have been followed by the most satisfactory results. In one case so small a dose as the two-hundredth of a grain of opium procured many hours of sleep, a result which far surpasses that obtained from the subcutaneous injection, a mode of administration "which has hitherto been looked upon as likely to give the most concentrated results." —*Medical Press and Circular;* from *Practitioner*, April, 1879.

A RARE CASE OF CHRONIC COPROSTASIS.—Dr. Flech has published the case of a man of delicate constitution, but well nourished, who had always been subject to constipation. For two years previous, however, his bowels had become torpid to a most alarming extent, moving only from five to six times a year. In the intervals between these evacuations the patient passed a very small quantity of hard fæces once in six, eight, or ten days, but these motions would hardly amount to the remains of one meal. Two or three days before one of the principal evacuations occurred, the patient began to feel ill, his sleep was disturbed, he was restless, felt disinclined to work, had a very uncomfortable feeling in his back, etc. Then, after a sharp attack of colic, he passed an enormous quantity of horribly offensive fæces; then he felt better for two or three hours, when some more fæces were passed, and so on till he had four or five motions during the day. On the following day he only had a slight attack of diarrhœa, after which his bowels relapsed into their usual torpid state; but he felt so wretched and exhausted for several days afterwards that he dreaded the evacuation more than the coprostasis. At the examination it was found that the fæces were principally accumulated in the ascending and transverse colon; these intestines could not only be felt but seen through the abdominal walls; the abdomen was soft, not much distended; the diaphragm was pushed upwards; all the other organs were perfectly normal. The patient had tried every possible remedy to cure himself of this affliction, including electrotherapy, hydrotherapy, and very voluminous enemata, but had never succeeded in obtaining relief. He had at last come to Marienbad, where he drank the water and took baths; the result of which treatment was that the bowels moved once in two or three days. The author tries to explain this curious fact by some anomaly in the innervation of the intestines, owing to which they remained torpid till stimulated by some unknown cause, or perhaps through a reflex act, when the accumulated fæces were suddenly expelled.—*British Medical Journal*, vol. i., 1879, p. 594; from *Wien. Med. Blätt.*

FATTY CHANGE (AND FAILURE) OF THE MUSCULAR WALL OF THE GUT AS A DIRECT AND INDIRECT CAUSE OF INTESTINAL OBSTRUCTION AND DEATH.—Mr. Furneaux Jordan has within the last few years seen cases in which, with perhaps no premonitory symptoms, continuous vomiting and tympany, lasting one, two, or more days, have been followed by death. Sometimes these symptoms appeared to come on spontaneously, at other times as the sequel of some abdominal or pelvic operation. The patients were usually obese. Examination of the body showed great internal accumulations of fat, the intestinal canal being always loaded with fat, and in some cases appearing to be simply a tube of fat. No obvious or recognized cause of intestinal obstruction was found. Mr. Jordan believes that the smooth muscular fibres of the bowel are subject to fatty degeneration, which

may become more or less complete, and that, consequently, they may, in given cases, wholly cease to contract. He thinks that in those cases of death after vomiting following the reduction of strangulated hernia, and also operations for uncomplicated hernia, lithotomy, and other operations on the pelvis and abdomen, death does not occur from shock, ether or chloroform vomiting, septic poisoning, or incipient peritonitis; for these do not satisfactorily account for death in the cases he brings forward. In fatty change and consequent failure of the gut, says Mr. Jordan, we have an explanation which is based on clinical and microscopic observation, which clears up all difficulties, and which is consistent with known pathological laws.—*British Medical Journal*, vol. i., 1879, p. 622.

CYSTS OF THE MOUTH (RANULA).—Mr. Francis Fox says that the oral mucous membrane is not unfrequently the seat of cystic disease owing to the numerous small glands and follicles in this situation. Ranula, according to Mr. Fox, may depend upon (*a*) obstruction of the outflow from the minute follicles or conglobate glands; (*b*) it may be connected with the Whartonian or one of the larger ducts, or (*c*) it may be in no way connected with the mucous structure itself; (*d*) it may depend upon inflammation of the bursa which is placed between the genio-hyoglossi muscles. Similar cysts to these ranulæ occur in the mucous membrane of the lips and cheeks, and are often met with on mucous surfaces in other regions of the body. Their treatment is simple. If due to local inflammation, a small puncture will quickly effect a cure; or, if the orifice of the duct can be discovered, a small probe may be inserted; or, if arising from a salivary calculus, an incision into the duct will permit the easy removal of the concretion. If the enlargement be excessive, a seton of a few threads of silk may be passed through the tumor, so that the contents will gradually escape, and inflammation be set up. But sometimes troublesome secondary inflammation is set up, and perhaps it is better to puncture the tumor and then apply caustic to its internal surface. It may be necessary to remove a portion of the cyst-wall, in which case the more vascular portion of the tumor should be avoided. In ranula in the sub mucous tissue, which is larger, resembles sebaceous tumors, and contains a thick putty-like substance, the entire sac and its contents should be removed. Ranula arising from an inflamed bursa should be treated on the principle of destroying the secreting surface, and thus curing the disease.—*Medical Times and Gazette*, April 26, 1879.

CHAULMOOGRA OIL IN PHTHISIS.—Some of this much-vaunted remedy having been placed in the hands of Dr. J. Burney Yeo for trial, he communicates his experience to the *Practitioner*. He says he has found, in several cases, an unusual amount of objection to taking this oil, and has had to use much persuasion to induce patients to persevere with it. He thinks, if it is to come into use, it must be given in the form of *perles*. The oil when cold is solid; it is therefore necessary to mix it with some other diluent oil. He has used almond oil for this purpose, to avoid complicating the effects of chaulmoogra oil with those of cod-liver oil, with which it has usually been given. Dr. Yeo has given the oil in nine cases of advanced phthisis; of these three died, one failed to improve, one could not take it on account of gastric disturbance, three grew worse under it, and one improved considerably. This result is not hopeful, but the oil is so well spoken of that it should be tried in other cases and in other forms of scrofula.—*Practitioner*, April, 1879.

IODINE IN THE TREATMENT OF INTERMITTENT FEVERS.—Dr. J. W. Wadsworth, of Saltillo, Mexico, recommends, in severe cases, ten to fifteen grains of quinine in two doses, during the pyrexia, immediately followed by tr. iodini comp. in doses of ten to fifteen minims thrice daily. In the severest cases the following formula may be used:

℞ Liq. potassæ arsenitis, ʒi;
Tinct. iodini comp., ʒij;
Tinct. serpentariæ,
Syrupi simplicis, ää ʒiss;
Aquæ, ad ʒvj.—M.

Sig.—A tablespoonful thrice daily after meals.

In Dr. Wadsworth's experience, extending to over three hundred cases, the paroxysm was in every instance arrested within twenty-four hours, and the twelve doses contained in the above prescription were, in almost every case, sufficient to cure without relapse.—*New York Medical Journal*, May, 1879.

APPLICATIONS TO THE PHARYNX IN SCARLET FEVER, MEASLES, AND DIPHTHERIA.—Dr. Thomas F. Rumbold, in a paper on this subject, describes the various forms of atomizers most appropriate to different cases, as well as the methods of procedure employed successfully by himself. A favorite formula for atomization is as follows:

℞ Vaseline, ʒii;
Glycerine, ʒii;
Acid. carbolic., ♏j.—M.

This should be warmed before application. It is not unpleasant to the taste, and has a very soothing and agreeable effect. It should be applied once in from two to six hours.—*St. Louis Medical and Surgical Journal*, April, 1879.

METALLOTHERAPY IN THE LOWER ANIMALS.—Dr. George Sigerson has been making a number of experiments upon animals in whom artificial cutaneous anæsthesia had been produced. He finds that effects similar to those obtained by Charcot can be brought about by the employment of metallic disks, etc.—*British Medical Journal*, i., 1879, p. 620.

RECTAL ALIMENTATION.—Dr. A. H. Smith has obtained valuable results from the use of defibrinated blood. In urgent cases, especially where the stomach cannot be called upon to perform its office at all, thirty to ninety grammes (one to three ounces) of defibrinated blood may be injected into the rectum every two or three hours. For chronic cases, in which it is merely given to aid stomach nutrition, ninety to one hundred and eighty grammes may be given once or twice a day. An ordinary syringe may be employed, care being taken to cleanse it thoroughly after each injection. If the rectum is irritable, the blood should be gently warmed to the temperature of the body. The cases in which this treatment has proved useful have been those of pulmonary phthisis, simple anæmia, atonic dyspepsia, dyspeptic asthma, inveterate neuralgia, and nervous exhaustion.—*New York Medical Record;* from *Archives of Med.*, April, 1879.

LARGE SALIVARY CALCULUS.—The *Correspondenzbl. f. Schw. Aerzte* publishes the case of a sailor who presented a swelling on the inside of the horizontal ramus of the lower jaw. He said he had had similar swellings from time to time during the two previous years, but they had opened spontaneously. Examination showed a large, hard, movable swelling under the left side of the tongue. The Whartonian duct, which was much enlarged at its entrance, was laid open, and a large salivary calculus, weighing one hundred and fifteen and three-fourths grains, was extracted. It consisted of phosphate and carbonate of lime and magnesia. It was triangular, its largest circumference being four and one-third inches, its length one and two-fifths inches, and its breadth nine-tenths of an inch. The other swelling turned out to be a swollen submaxillary gland.—*British Medical Journal*, i., 1879, p. 625.

HYDRIODIC ACID AS A SUBSTITUTE FOR IODIDE OF POTASSIUM.—Dr. W. G. Wylie recommends this acid in the form of a solution in syrup, which can be made of the strength of forty minims dilute acid to the ounce. Two teaspoonfuls of this syrup constitute an average dose, which may be given in bronchitis, asthma, and chronic or subacute catarrhal disease with good effect. It is especially useful in those cases where the smallest dose of iodide of potassium causes iodism.—*New York Medical Record*, May 10, 1879.

DRESSMAKERS' FINGERS.—The *Jour. d' Hygiène* draws attention to a deformity occurring in tailors and dressmakers which has not yet been described. It is a contraction and anchylosis of the two upper phalanges of the fourth and fifth fingers of the right hand, due to the position of the hand in sewing. Prophylactic treatment is advised: the hand must be extended on a board through the night, and gymnastic movements in housework, etc., are to be practised.

IRRITATION OF SCIATIC NERVE; TREATMENT BY PRESSURE.—At the Mount Sinai Hospital a man was admitted, suffering from an exostosis in the middle of the thigh, the result of old fracture from gun-shot wound, which was painful on pressure. The leg was red and swollen; there was also equino-valgus talipes. Both the galvanic and faradic currents caused much pain. Any attempt at walking increased the pain decidedly. Pressure upon the leg by means of an elastic stocking was tried, and in a week after its use the patient was able to walk with ease. An appropriate talipes shoe was procured, which so improved his condition that he considered himself cured, and left the hospital. He said he had not felt so well since the injury was received.—*New York Medical Journal*, May, 1879.

NEW FORM OF FEMALE SYRINGE.—In the *Lancet* for May 10 is figured an ingenious syringe, by means of which the vagina is kept in a state of dilatation by a cage-like dilator the size of a speculum, while the nozzle of the syringe (pierced with numerous lateral openings) is situated in the axis of the instrument and has full play upon the stretched mucous membrane. A cut accompanies the description of what seems likely to prove a useful instrument. Curiously enough, the *New York Medical Record* of the same date contains a cut of a similar piece of apparatus evidently independently devised, while an advertisement in the same journal of May 24 shows a third still different. It should be said that the second instrument is primarily intended for an "intra-uterine irrigator."

CASE OF DIABETES MELLITUS MUCH RELIEVED BY CODEIA.—Dr. Allchin gives the case of a diabetic patient, daily passing one hundred and forty ounces of urine of 1025 sp. gr., containing about seventy-two grains of sugar to the ounce, whom he placed upon two grains of codeia thrice daily. Within three weeks the amount of urine passed daily had become reduced to sixty-two ounces, of sp. gr. 1044, with twenty-four grains of sugar to the ounce. This success should be sufficient to induce further trial of codeia in diabetes; for, although Dr. Allchin's patient succumbed to phthisis, the influence of the remedy was most marked.

INFUSION OF BUCKEYE AS A REMEDY FOR CHRONIC RHEUMATISM.—Dr. W. S. Drake had an inveterate case of chronic rheumatism cured by the patient bathing in an infusion of buckeye (*Æsculus Hippocastanum*). The patient had not walked for nearly two years, and had gone through the whole routine of rheumatic remedies. While treating a horse with infusion of buckeye, he found the swelling rapidly disappear from his hands. He then applied it to other joints, and received the same benefit.—*St. Louis Medical and Surgical Journal*, April, 1879.

MALT EXTRACT.—Although the use of the extract of malt, as made by the various chemists, and given in combination with a variety of other medicines, is so widely spread, yet it may not be out of place to draw attention to the action of this remedy. Malt extracts, says the *British Medical Journal*, are rich in malt, sugar, dextrine, and diastase. Hoppe-Seyler points out that while the dextrine possesses the property of increasing the activity of the gastric secretion, and the diastase assists in converting starch into glucose and dextrine, the malt extract includes also a combination of malt, sugar, alkalies, and phosphates, which together make it a nutrient and medicinal agent of great value. There is evidence that malt extract may take the place of cod-liver oil in many cases.

ERGOT AND SODIUM BROMIDE IN EPILEPSY.—Professor Bauduy reports (*Cin. Lancet and Clinic*) a case of epilepsy of sixteen years' standing, which was cured by giving twenty grains of bromide of sodium with half a drachm of fluid extract of ergot three times a day. This treatment was continued a year and a half, and four years have elapsed without the recurrence of a fit.

MISCELLANY.

POULTICES.—Dr. Lauder Brunton says, "The common practice of mixing the linseed meal with hot water, and applying it directly to the skin, is quite wrong, because if we do not wish to burn the patient we must wait until a great portion of the heat has been lost. The proper method is to take a flannel bag (the size of the poultice required), to fill this with the linseed poultice as hot as it can possibly be made, and to put between this and the skin a second piece of flannel, so that there shall be at least two thicknesses of flannel between the skin and the poultice itself. Above the poultice should be placed more flannel, or a piece of cotton-wool, to prevent it from getting cold. By this method, we are able to apply the linseed meal boiling hot without burning the patient, and the heat, gradually diffusing through the flannel, affords a grateful sense of relief which cannot be obtained by other means. There are few ways in which such marked relief is given to abdominal pain as by the application of a poultice in this manner."

THE ART OF DOMESTIC POISONING.—In a review of a recent book on the poisonous effects of certain dyes and colors used in domestic fabrics, the *Practitioner* asserts that the introduction of poisons into articles of daily domestic use is a perfected art, compared to which that of the poisoners of the Middle Ages was clumsy. "The beautiful greens, and blues, and grays, and neutral tints, with which we deck our walls," says the *Practitioner*, "are placed there too often at the cost of intolerable misery to the occupiers of the rooms; the various adornments of feathers and artificial flowers in which woman delights, the fairy-like materials in which she loves to appear in the ball-room, and even more intimate articles of her dress, are but vehicles for the dissemination of an atmosphere of arsenical dust about her, or for exposing her to the influence of some irritant poison; even the drapery of our rooms may contribute to the unhappy fate which dogs us with slow poison within the domestic circle."

PREVALENCE OF SUICIDE IN DIFFERENT COUNTRIES.—The *Echo* draws attention to an interesting body of figures just collected by an eminent French statist on this subject. It appears that the Danes, through a series of years, exhibited the largest average of self-slaughter; while their neighbors of Norway, breathing a kindred climate, are only seventh on the list. The second place is held (as has generally been the case) by France, in which the totals of such deaths fall short of five thousand annually,—one-half due to hanging, one-fourth to drowning, but among women in a majority of instances through inhaling the fumes of charcoal. Returning to the order of nationalities, the Swiss, curiously enough, rank next to the French, and after them the people of Baden, the Prussians, and the Austrians in succession. These last are followed by the Belgians, after whom come the English. The crime is a rare one in Spain, and not a common one in Italy; but the country in which it is most rare is Ireland.—*Medical Press and Circular.*

UNIVERSITY OF PENNSYLVANIA: WHAT IS REQUIRED FOR ENTRANCE AT THE COMING SESSION.—Two years ago the medical course of the University of Pennsylvania was so extended as to require three years for its completion. The experience thus gained has suggested several minor modifications of the curriculum, but has also demonstrated the efficiency of its general arrangement.

For entrance at the coming session (1879–80) no preliminary examination will be required, but in the fall of 1880 (session of 1880–81) a preliminary examination will be instituted, which every candidate who has not previously received a collegiate degree must pass. The applicant will be required, 1st, to write a brief essay not exceeding a page of foolscap, which will serve as a test of his qualifications in orthography and grammar; 2d, to undergo an examination in the elementary principles of physics as contained in Fownes's Chemistry; 3d, to pass an examination in easy Latin prose translation (First Book of Cæsar's Commentaries). In lieu of Latin, any language other than English may be substituted.

A CORRESPONDENT writes to the *Lancet* complaining that all patients who can get out of bed are compelled, at the Middlesex Hospital, to rise at 4 A.M.

THE BULLETIN OF THE PUBLIC HEALTH.—That portion of the Act of Congress of April 29, 1878, which requires consular officers, or other representatives of the United States at foreign ports, to report the sanitary condition of and the departure of vessels from such ports to the Supervising Surgeon-General of the Marine Hospital Service, and so much of the act as requires that officer to frame rules and regulations, and to execute the said act, and to give notice to Federal and State officers of the approach of infected vessels, and furnish the latter with weekly abstracts of consular sanitary reports, has, by Act of Congress approved June 2, 1879, been repealed.

A STATUE IN WESTMINSTER ABBEY TO THE LATE SIR JAMES Y. SIMPSON.—Dean Stanley, it would appear, has granted his consent to the placing of a bust of the late Sir James Y. Simpson in Westminster Abbey. The inscription for the pedestal has been composed by the Dean. It runs as follows: "In memory of Sir J. Y. Simpson, owing to whose genius and benevolence the world owes the blessings derived from the use of chloroform for the relief of the suffering. *Laus Deo.*" The worthy Dean thus unconsciously lends himself to the perpetration of an oft-controverted historical error.—*Medical Press and Circular.*

OLD-FASHIONED THESES. — The *British Medical Journal* gives a selection of titles of theses defended in the Paris school during the fifteenth and sixteenth centuries. Among them are the following: Does Venus beget and expel diseases? Has the plague been sent down from heaven? Has the moon any influence on the humors of the body? Are short women more fruitful than tall women? Is it healthy for old people to put themselves into a passion? Are heroes given to melancholy?

A NOVEL USE FOR WINE.—The *Sanitary Record* states that the late Sir Walter Trevelyan has left his cellar of wines to Dr. B. W. Richardson "for scientific purposes." The *Record* goes on to say, "It is rumored that the eminent apostle of total abstinence contemplates carrying out the intention of the bequest, by selling the wines (which are estimated to realize at least twenty thousand dollars) and founding a model hospital with the proceeds."

SURGERY IN PERSIA.—The Persian surgeons are generally either barbers or farriers. When amputation is performed by a native, the primitive methods observed in Europe before the invention of the ligature are in use. The limb is struck off by repeated blows of a mallet on a chopper, or short sword, or (in the case of a finger or toe) a razor, and then dipped into pitch or oil which is boiling.

DOCTORS' BILLS.—At a recent meeting of the Northwestern Medical Association of this city, it was resolved that bills should be rendered when services were ended, or at the end of each month, and that the society endorse a financial agent, who should be employed by the year, on salary, to attend to collection of moneys and keep physicians' accounts when desired.

ENGLISH AND AMERICAN PHYSIQUE.—Mr. Richard Grant White asserts, as the result of wide observation at theatres, festivals, churches, and railway stations, that "English men and women are generally smaller and less robust than ours, and, above all, that the women are, on the whole, spare and less blooming than ours."

MEDICAL FEES IN GERMANY.—It is proposed to revise the official tariff of medical fees in Germany. Here are some of the proposed fees: for a first visit to a patient, 50 cts.; each after-visit, 25 cts.; consultation, $1.25; office-visit, 37 cts. the first time, 15 cts. (!) subsequent visits.

A WESTERN professor thus relieves his overcharged intellect:

"Anatomy, physiology, chemistry, botany, and microscopy have assumed for medicine the morning of a vast and glorious kingdom, whose temple of fame will cope with the hand of war and accompany time through eternity." "This," says the *St. Louis Clinic*, "is certainly a genuine sunflower of rhetoric."

THE American Neurological Association held its fifth annual meeting in New York City, on Wednesday, June 18, continuing three days.

NOTES AND QUERIES.

THE LATE PROF. GEORGE B. WOOD.

ANENT the anecdotes relating to Professor Wood and the illustrations of his character given in the *Medical Times*, two incidents still cling to my memory, though it is twenty-three years since I attended my last course of lectures. Impressed by my preceptor with a sense of the importance of having his vote, after the examination for the degree, favorable, I took all his public examinations, which were held quite regularly in his lecture-room during the winter session, and took pains, with some others, to occupy the same seat every evening. This had its expected effect. When I entered his study for the final examination,—after holding out his hand and asking me to be seated,—he remarked, "I think you attended my public examinations quite regularly?"

"Yes, sir."

"You used to occupy such a seat?"

"Yes, sir."

"I hope we will have no difficulty."

Having asked, "What is the first decisive pathognomonic sign of pneumonia?" and how the crepitation was produced, he dismissed me.

In one of his public *quizzes* he asked a student how a piece of hepatized lung behaved when thrown into water. Receiving no answer, he asked how healthy lung behaved if similarly treated. Still receiving no answer, he appeared somewhat annoyed by the dulness of his pupil, and said with emphasis, "Why, it *swims*, sir."

"It *floats*."

Professor Wood smiled and bowed to his impudent critic, acknowledging the correction.

No man has ever more deeply impressed me than he with his conscientiousness and fidelity to duty because it was duty, and, though I never spoke a word to him but what was necessary by me as an attendant on his lectures, I have never ceased to cherish and revere his memory. To my mind, his skill in lecturing, bringing out and making prominent and clear essentials, and putting all the points in their true relation, so that the dullest could understand and remember and carry away with him, has never been surpassed. He was a teacher beyond all others.

The unanswered question has often passed through my mind, What would this world be if every one, professional and lay, would qualify himself for his position, and then discharge

the duties of it with the determined honesty of purpose, relying upon solid worth for success, that marked Dr. Wood, instead of trusting to the *ad captandum* tricks of the charlatan? Z.

To the Editor of the Medical Times:

84 Harley Street, Cavendish Square,
London, May 27, 1879.

Sir,—In a very considerate criticism of my book on "Loss of Weight, Blood-Spitting, and Lung Disease," in your journal of May 10, the reviewer has taken so much pains to give a fair statement of my views on consumption that I am sure he will not mind my pointing out that he has missed a passage or two which, had he seen, would have prevented him from stating that "of course all consumption is tubercular under this hypothesis, which *has no place for the inflammatory forms*." The passages I especially refer to are as follows: (Page 202) "If it is found that in a large number of cases of pulmonary consumption local disease is preceded by constitutional disease by an unequivocal interval, and yet that in a certain number of cases local disease precedes constitutional disease by an unequivocal interval, the conclusion is almost inevitable that *there are at least two modes in which pulmonary consumption may commence*." I have labored to show that this is the case, and to explain how it happens, and at pages 166 and 167 I have given "the products of *inflammatory destruction* of tissue" as one item in "a large and important group, embracing all foreign substances which find their way into the perivascular and perialveolar tissue of the lungs, and by their irritation there set up lymphatic hyperplasia and cell-proliferation and their consequences;" and at page 203, referring to the above two classes of cases, I say, "These two classes must be considered as absolutely distinct throughout. There is no stage at which they meet on common ground: Class 1 is always plus Class 2."

I shall be much obliged if you will find space in your next number for this correction, as it is one of facts.

I am, sir, yours, etc.,
Horace Dobell.

OBITUARY—FRANCIS FONTAINE MAURY, M.D.

Dr. Francis Fontaine Maury, of this city, whose premature decease on the 4th instant we regret to record, was born in Danville, Kentucky, August 9, 1840. The scion of a distinguished Huguenot family, whose name is inscribed in the annals of Ireland and France, as well as this country, Dr. Maury seemed to inherit a large share of the intellectual vigor and quickness of apprehension of his race, and from the first promised to attain a high standing in the profession of his choice. Educated at Centre College, Danville, and the University of Virginia, he finished his medical studies at the Jefferson Medical College in this city, graduating in 1862. From that time he settled in Philadelphia, serving for a time in one of the military hospitals, and subsequently entering upon the practice of surgery.

Dr. Maury's progress in the earlier years of his career was singularly rapid. He was appointed Lecturer on Venereal and Cutaneous Diseases in the Jefferson College and Attending Surgeon to the Philadelphia Hospital at an unusually early age, and he soon attained a large practice. Among the capital operations performed by Dr. Maury may be mentioned that of gastrotomy (the first in this country), excision of the brachial plexus for painful neuroma, the operation for exstrophy of the bladder (four times performed), and two operations for extirpation of the thyroid gland. He also published, at various times, reports of operations and cases, and, in connection with Professor Duhring, edited the *Photographic Review of Medicine and Surgery* during the two years of its existence. As a lecturer Dr. Maury was earnest, almost impassioned at times in manner, with a nervous flow of language which chained attention, and an impressiveness which fastened his utterances in the mind of the student. He was singularly agreeable, almost fascinating in manner, and was distinguished for his kindly notice and encouragement of the young men with whom he came in contact as teacher. Many a timid and retiring young student has been encouraged by Dr. Maury's friendly greeting, making an impression upon him never to be forgotten, and winning his constant regard and affection. Yes; affection is not too strong a word to express the sentiment of many outside of the circle of Dr. Maury's friends, who, though much in his later career pained and wounded them deeply, yet could not resist the recollection of kindly ways and words, and would fain remember him as he appeared to them,—the sympathetic counsellor and ready friend in need. One such desires to place this feeble tribute upon his tomb.

At a special meeting of the medical staff of the Jefferson Medical College Hospital, held June 6, 1879, the president having announced the death of Dr. Francis Fontaine Maury, one of the surgeons of the hospital,

On motion, it was

Resolved, That by the death of Dr. Maury the hospital has lost the services of a zealous and efficient surgeon, and one whose name has been identified with the establishment and prosperity of the hospital, and with its clinical teaching;

Resolved, That the hospital staff deeply deplore his loss, and will cherish his memory;

Resolved, That the crayon portrait of Dr. Maury, the first of the staff taken away, shall be preserved in the operating-room of the hospital;

Resolved, That a copy of these resolutions be entered upon the minutes of the medical staff, and that they be sent to the family.

At a meeting of the Medical Board of the Philadelphia Hospital, held June 7, 1879, the death of Dr. F. F. Maury, one of the surgeons to the hospital, being announced,

On motion, the following minute was adopted:

Resolved, That the Medical Board has heard, with deep regret, of the death of their late colleague Dr. F. F. Maury, for more than fourteen years one of the staff of this hospital; that in his death the Board has lost one of its oldest, most active, and useful members, the hospital a distinguished, brilliant, and careful surgeon,—a clinical teacher of rare ability, who had endeared himself to thousands of students by his eloquence, skill, and energy, and the profession at large a member who had achieved, in his comparatively short life, a position and success but rarely attained.

"BURN-BRAE."

By invitation of Dr. R. L. Given, a number of prominent physicians of this city and vicinity made, on June 5, an excursion to the private hospital for mental diseases under his care, known as "Burn-Brae," and situated at Clifton Heights, Delaware County, just beyond the city limits. The visitors were met at the station by a committee from the hospital, and driven over to the institution, a distance of about a quarter of a mile. Here they were taken in charge by Dr. Given, who showed the workings of the institution, without and within; after which the party sat down to an agreeable collation, and then departed, well pleased with everything. Before leaving, an informal meeting was held, at which the following preamble and resolutions were adopted:

At a meeting of members of the medical profession of the counties of Philadelphia and Delaware, held June 5, 1879, at the private hospital "Burn-Brae," Dr. R. A. Given, superintendent, of which meeting Dr. A. Nebinger, President of the Medical Society of the State of Pennsylvania, was chairman, the following resolutions were adopted:

Resolved, That we are most favorably impressed by the beautiful situation of the hospital, its picturesque surroundings, elevated and healthful position, and that an examination of its interior has evidenced completeness in all its departments, admirable cleanliness, neatness, and comfort;

Resolved, That because of the appointments of the hospital, the satisfactory condition of the patients, and its *home-like character*, we wish Dr. R. A. Given continued success in his humane and laudable work.

Thomas H. Andrews, M.D. (Chairman),
William H. Pancoast, M.D.,
Isaac N. Kerlin, M.D.,
} *Committee.*

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM JUNE 1 TO JUNE 14, 1879.

McKee, J. C., Major and Surgeon, Medical Director Department of Arizona.—After inspection of post-hospital at Fort Yuma, granted leave of absence for one month on Surgeon's certificate of disability, with permission to leave limits of the Department. S. O. 64, Department of Arizona, May 31, 1879.

Bentley, E., Captain and Assistant-Surgeon.—Granted leave of absence for one month. S. O. 88, Department of the South, June 2, 1879.

Ewen, C., Captain and Assistant-Surgeon.—Assigned to duty at Fort Elliott, Texas. S. O. 107, Department of the Missouri, June 2, 1879.

Biart, V., First-Lieutenant and Assistant-Surgeon.—The sick-leave granted him from Headquarters, Department of the Missouri, extended one month on Surgeon's certificate of disability, with permission to leave the Department of the Missouri. S. O. 137, A. G. O., June 11, 1879.